PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

PF030029

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			10) <i>U</i>			Γ	RATE	FEE	OF 7	RATE	FEE -
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	 	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			ነ <i>나</i> minus 20=		* 0			X\$ 9=	·	OR	X\$18=	O
INDEPENDENT CLAIMS			3 mi	3 minus 3 =		* 0		X43=	 	OR	X86=	0.
ΜL	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		1	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	L	TOTAL		OR OR	TOTAL	72.1
	С	LAIMS AS A	MENDED - PART II				TOTAL		Jon	OTHER	<u> 77ひ</u> THAN	
(Column 1)				(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**	٠.	=		XS 9=		OR	X\$18=	
	Independent	* ENTATION OF MU	Minus	***	C' 0194	= .	ſ	X43=		OR	X86=	
	FIRST PRESE	INTATION OF MIC	JETTPLE DE-	ENDEN	CLAIIVI			+145=	_	OR	+290=	
							L	TOTAL		\\	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	· At	DDIT. FEE		1 - /	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	3: 3:44	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							L	TOTAL	- :-		TOTAL	
		(Column 1)		(Colum	ın 2)	(Column 3)	AL	ODIT. FEE L		, _.	ADDIT. FEE L	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST . IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	LI	Minus	***		=	十	X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+145=		<u> </u>	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR [TOTAL	
***	If the "Highest Nur	mber Previously Pai mber Previously Pai ber Previously Paid	id For" IN THIS	S SPACE is	less than	n 3. enter "3."		DIT. FEE			DDIT. FEE	